

# GRIEVANCE INITIATION

DER FILE NUMBER

## **INSTRUCTIONS:**

Complete this form by hand (use black ink only) or on a typewriter. Give the original and one copy to your immediate supervisor. Send one copy to the Department of Employee Relations – Labor Relations Division, 200 E. Wells Street – Room 701, Milwaukee, WI 53202-3554. Keep one copy of your records. If you have any questions call your union representative.

<b>Employee's Name:</b>			
<b>Home Address:</b>			
<b>Department or Bureau:</b>			
<b>Job Title:</b>			
<b>1. What is the action or situation about which you have a grievance?</b> <i>Be specific as to names and locations.</i>			
<b>2. On what date did the above action or situation occur?</b>			
<b>3. What provision of the labor contract between the City and your union has been violated?</b> <i>Specify contract, article and subsection.</i>			
<b>4. Which union represents you?</b>			
<b>5. What do you think should be done about it?</b>			
<b>6. When was the grievance discussed with your immediate supervisor?</b>			
<b>Immediate Supervisor's Name:</b>		<b>Immediate Supervisor's Job Title:</b>	
<b>7. What other person do you want notified regarding this grievance?</b>			
<b>Name:</b>			
<b>Mailing Address:</b>		<b>That person's role in this grievance:</b>	
<b>Employee's Signature:</b>			<b>Date:</b>